

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90007 030 ***150.00

DOCUMENT # P02000102096

1. Entity Name
**NATIONAL SPA & WELLNESS SPA MANAGEMENT &
CONSULTING, INC.**



Principal Place of Business
**301 LEGEND TRAIL
VERO BEACH, FL 32963**

Mailing Address
**301 LEGEND TRAIL
VERO BEACH, FL 32963**



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0116797

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIMAIO, JOSEPH P
301 LEGEND TRAIL
VERO BEACH, FL 32963**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00 KD
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
DIMAIO, JOSEPH P
301 LEGEND TRAIL
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
DIMAIO, NANCY
301 LEGEND TRAIL
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11; if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-04

Date

772-234-2866

Daytime Phone #

#Attachment

44048170

**NATIONAL SPA & WELLNESS
SPA MANAGEMENT & CONSULTING**

July 8, 2004

Florida Department of State
Division of Corporations

Re: P02000102096

To Whom It May Concern:

We are just in receipt of a postcard from you stating "Notice of Intent to Dissolve". Please let the record reflect that we never received any sort of billing, invoice, statement, or reminder from your division advising us or reminding us to file our Annual Report.

Annual Report is enclosed with fee of \$150. The \$400 penalty should be waived.

Thank you for your cooperation and assistance.

Signed,



Nancy DiMaio
Vice President